

# NOMINATION FORM

OFFICE OF THE CHIEF FINANCIAL OFFICER  
CONTROLLER OPERATIONS DIVISION  
NEW ORLEANS, LOUISIANA

ADMINISTRATIVE PAYMENTS SYSTEMS ORIENTATION  
Conference Room 6  
September 24 – 25, 2003

DEPARTMENT/AGENCY \_\_\_\_\_

## NOMINEE

NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_ E-MAIL \_\_\_\_\_

JOB TITLE AND GRADE \_\_\_\_\_

SPECIAL ACCOMMODATIONS NEEDED FOR ORIENTATION SESSION? IF SO, PLEASE  
LIST: \_\_\_\_\_

\_\_\_\_\_

## NOMINATING OFFICIAL

NAME \_\_\_\_\_

TITLE \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

**PLEASE FAX COMPLETED FORM TO: Susan Showalter, 504-255-5525,  
by August 11, 2003.**